

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation Working America		3. FEC Identification Number <b>C</b> C90011156
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 815 16th St., N.W.		
(c) City, State and ZIP Code Washington DC 20006		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer	Occupation

## 4. TYPE OF REPORT (check appropriate boxes):

- (a) ☒ April 15 Quarterly Report ☐ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

## 5. COVERING PERIOD: FROM

M	M	/	D	D	/	Y	Y	Y	Y	
0	1		0	1		.	2	0	1	0

THROUGH

M	M	/	D	D	/	Y	Y	Y	Y	
0	3		3	1		.	2	0	1	0

6. TOTAL CONTRIBUTIONS .....

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

38235.69

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Liz Towne

04/14/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 2 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
AFL-CIO (Support Services)

Date

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 1 0Mailing Address  
815 16th St., N.W.

Amount

402.50

City  
WashingtonState  
DCZip Code  
20006Purpose of Expenditure  
Print ShopCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

402.50

Full Name (Last, First, Middle Initial) of Payee  
AFSCME

Date

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 1 0Mailing Address  
1625 L St., NW

Amount

2166.44

City  
WashingtonState  
DCZip Code  
20036Purpose of Expenditure  
Rental of phone centerCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

2166.44

Full Name (Last, First, Middle Initial) of Payee  
AFSCME

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0Mailing Address  
1625 L St., NW

Amount

2166.44

City  
WashingtonState  
DCZip Code  
20036Purpose of Expenditure  
Rental of phone centerCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

4332.88

(a) SUBTOTAL of Itemized Independent Expenditures .....

4735.38

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Jessica Akers

Date

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 0

Mailing Address

2221 Wentwood Valley Dr. #44

Amount

176.51

City

Little Rock

State

AR

Zip Code

72212

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

176.51

Full Name (Last, First, Middle Initial) of Payee

Jessica Akers

Date

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 1 0

Mailing Address

2221 Wentwood Valley Dr. #44

Amount

176.51

City

Little Rock

State

AR

Zip Code

72212

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

353.02

Full Name (Last, First, Middle Initial) of Payee

Jessica Akers

Date

M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 1 0

Mailing Address

2221 Wentwood Valley Dr. #44

Amount

176.51

City

Little Rock

State

AR

Zip Code

72212

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

529.53

(a) SUBTOTAL of Itemized Independent Expenditures .....

529.53

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 4 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Jessica Akers

Date

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Mailing Address

2221 Wentwood Valley Dr. #44

Amount

176.51

City

Little Rock

State

AR

Zip Code

72212

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

706.04

Full Name (Last, First, Middle Initial) of Payee  
Jessica Akers

Date

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0

Mailing Address

2221 Wentwood Valley Dr. #44

Amount

176.51

City

Little Rock

State

AR

Zip Code

72212

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

176.51

Full Name (Last, First, Middle Initial) of Payee  
Jessica Akers

Date

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 0

Mailing Address

2221 Wentwood Valley Dr. #44

Amount

176.51

City

Little Rock

State

AR

Zip Code

72212

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

353.02

(a) SUBTOTAL of Itemized Independent Expenditures .....

529.53

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 5 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Jessica Akers

Date

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Mailing Address

2221 Wentwood Valley Dr. #44

Amount

176.51

City

Little Rock

State

AR

Zip Code

72212

Purpose of Expenditure

Salary and Benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

529.53

Full Name (Last, First, Middle Initial) of Payee

Jessica Akers

Date

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 0

Mailing Address

2221 Wentwood Valley Dr. #44

Amount

176.51

City

Little Rock

State

AR

Zip Code

72212

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

706.04

Full Name (Last, First, Middle Initial) of Payee

Jessica Akers

Date

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 1 0

Mailing Address

2221 Wentwood Valley Dr. #44

Amount

176.51

City

Little Rock

State

AR

Zip Code

72212

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

882.55

(a) SUBTOTAL of Itemized Independent Expenditures .....

529.53

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Jessica Akers

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Mailing Address

2221 Wentwood Valley Dr. #44

Amount

176.51

City

Little Rock

State

AR

Zip Code

72212

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General

2010

☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1059.06

Full Name (Last, First, Middle Initial) of Payee

Andrew Anderson

Date

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Mailing Address

721 Olive St.

Amount

123.20

City

North Little Rock

State

AR

Zip Code

72114

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General

2010

☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

123.20

Full Name (Last, First, Middle Initial) of Payee

AR Democrat Gazette

Date

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Mailing Address

PO Box 2221

Amount

384.76

City

Little Rock

State

AR

Zip Code

72203

Purpose of Expenditure

Job ad

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General

2010

☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

384.76

(a) SUBTOTAL of Itemized Independent Expenditures .....

684.47

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
AR Democrat Gazette

Date

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0Mailing Address  
PO Box 2221

Amount

384.86

City  
Little RockState  
ARZip Code  
72203Purpose of Expenditure  
Job adCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

769.62

Full Name (Last, First, Middle Initial) of Payee  
Arkansas Times

Date

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0Mailing Address  
201 East markham  
Suite 200

Amount

70.00

City  
Little RockState  
ARZip Code  
72201Purpose of Expenditure  
Job adCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

70.00

Full Name (Last, First, Middle Initial) of Payee  
Brian Barnett

Date

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0Mailing Address  
100 Dennison St. Apt 3

Amount

123.20

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

123.20

(a) SUBTOTAL of Itemized Independent Expenditures .....

578.06

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 8 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Brian Barnett

Date

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 0Mailing Address  
100 Dennison St. Apt 3

Amount

123.20

City State Zip Code  
Little Rock AR 72206Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 246.40Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Brian Barnett

Date

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0Mailing Address  
100 Dennison St. Apt 3

Amount

123.20

City State Zip Code  
Little Rock AR 72206Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 369.60Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Brian Barnett

Date

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 0Mailing Address  
100 Dennison St. Apt 3

Amount

123.20

City State Zip Code  
Little Rock AR 72206Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 492.80Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)



**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Brian Barnett

Date

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 1 0

Mailing Address

100 Dennison St. Apt 3

Amount

123.20

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

616.00

Full Name (Last, First, Middle Initial) of Payee

Brian Barnett

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Mailing Address

100 Dennison St. Apt 3

Amount

123.20

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

739.20

Full Name (Last, First, Middle Initial) of Payee

China Barton

Date

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 1 0

Mailing Address

128 College Park Circle

Amount

123.20

City

North Little Rock

State

AR

Zip Code

72114

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

123.20

(a) SUBTOTAL of Itemized Independent Expenditures .....

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
China Barton

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0Mailing Address  
128 College Park Circle

Amount

123.20

City State Zip Code  
North Little Rock AR 72114Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 246.40Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Joshua Brown

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0Mailing Address  
906 W. Myrtle St., Apt D2

Amount

123.20

City State Zip Code  
Cabot AR 72023Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 123.20Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Ryan Budman

Date

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 1 0Mailing Address  
5701 Cochiti Dr, NW

Amount

25.00

City State Zip Code  
Albuquerque NM 87120Purpose of Expenditure  
Per diemCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 25.00Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....

271.40

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 11 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Ryan Budman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	0

Mailing Address

5701 Cochiti Dr, NW

Amount

176.51

City

Albuquerque

State

NM

Zip Code

87120

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

201.51

Full Name (Last, First, Middle Initial) of Payee

Ryan Budman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	0

Mailing Address

5701 Cochiti Dr, NW

Amount

25.00

City

Albuquerque

State

NM

Zip Code

87120

Purpose of Expenditure

Per diem

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

226.51

Full Name (Last, First, Middle Initial) of Payee

Ryan Budman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	0

Mailing Address

5701 Cochiti Dr, NW

Amount

176.51

City

Albuquerque

State

NM

Zip Code

87120

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

403.02

(a) SUBTOTAL of Itemized Independent Expenditures .....

378.02

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 12 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Ryan Budman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	0

Mailing Address

5701 Cochiti Dr, NW

Amount

25.00

City

Albuquerque

State

NM

Zip Code

87120

Purpose of Expenditure

Per diem

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

428.02

Full Name (Last, First, Middle Initial) of Payee

Ryan Budman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address

5701 Cochiti Dr, NW

Amount

176.51

City

Albuquerque

State

NM

Zip Code

87120

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

604.53

Full Name (Last, First, Middle Initial) of Payee

Ryan Budman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address

5701 Cochiti Dr, NW

Amount

25.00

City

Albuquerque

State

NM

Zip Code

87120

Purpose of Expenditure

Per diem

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

629.53

(a) SUBTOTAL of Itemized Independent Expenditures .....

226.51

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **13 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Tim Bullman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Mailing Address

7201 Kentucky Ave #27

Amount

123.20

City

Little Rock

State

AR

Zip Code

72205

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

123.20

Full Name (Last, First, Middle Initial) of Payee

Tim Bullman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	0

Mailing Address

7201 Kentucky Ave #27

Amount

123.20

City

Little Rock

State

AR

Zip Code

72205

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

246.40

Full Name (Last, First, Middle Initial) of Payee

Tim Bullman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

Mailing Address

7201 Kentucky Ave #27

Amount

123.20

City

Little Rock

State

AR

Zip Code

72205

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

369.60

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

369.60

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 14 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Tim Bullman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	0

Mailing Address

7201 Kentucky Ave #27

Amount

123.20

City

Little Rock

State

AR

Zip Code

72205

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

492.80

Full Name (Last, First, Middle Initial) of Payee

Lenora Cannon

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	0

Mailing Address

10415 Independence Ln

Amount

123.20

City

Little Rock

State

AR

Zip Code

72209

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

123.20

Full Name (Last, First, Middle Initial) of Payee

Lenora Cannon

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Mailing Address

10415 Independence Ln

Amount

123.20

City

Little Rock

State

AR

Zip Code

72209

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

246.40

(a) SUBTOTAL of Itemized Independent Expenditures .....

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 15 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Lenora Cannon

Date

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 0Mailing Address  
10415 Independence Ln

Amount

123.20

City State Zip Code  
Little Rock AR 72209Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 369.60Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Lenora Cannon

Date

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0Mailing Address  
10415 Independence Ln

Amount

123.20

City State Zip Code  
Little Rock AR 72209Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 492.80Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Anderson Coleman

Date

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0Mailing Address  
1502 Green Mountain Dr. Apt 194

Amount

123.20

City State Zip Code  
Little Rock AR 72211Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 123.20Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **16 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Anderson Coleman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	0

Mailing Address

1502 Green Mountain Dr. Apt 194

Amount

123.20

City

Little Rock

State

AR

Zip Code

72211

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

246.40

Full Name (Last, First, Middle Initial) of Payee  
Anderson Coleman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

Mailing Address

1502 Green Mountain Dr. Apt 194

Amount

123.20

City

Little Rock

State

AR

Zip Code

72211

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

369.60

Full Name (Last, First, Middle Initial) of Payee  
Anderson Coleman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	0

Mailing Address

1502 Green Mountain Dr. Apt 194

Amount

123.20

City

Little Rock

State

AR

Zip Code

72211

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

492.80

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

369.60

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)



**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 17 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Anderson Coleman

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Mailing Address

1502 Green Mountain Dr. Apt 194

Amount

123.20

City

Little Rock

State

AR

Zip Code

72211

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

616.00

Full Name (Last, First, Middle Initial) of Payee

Ashley Craig

Date

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0

Mailing Address

1717 Hatcher Rd, Lot 38

Amount

123.20

City

Sherwood

State

AR

Zip Code

72120

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

123.20

Full Name (Last, First, Middle Initial) of Payee

Ashley Craig

Date

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Mailing Address

1717 Hatcher Rd, Lot 38

Amount

123.20

City

Sherwood

State

AR

Zip Code

72120

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

246.40

(a) SUBTOTAL of Itemized Independent Expenditures .....

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **18 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Crown Plaza

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	0

Mailing Address

201 South Shackelford Rd

Amount

66.90

City

Little Rock

State

AR

Zip Code

72211

Purpose of Expenditure

Lodging

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General

2010

☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

66.90

Full Name (Last, First, Middle Initial) of Payee  
Crown Plaza

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	1	0

Mailing Address

201 South Shackelford Rd

Amount

66.90

City

Little Rock

State

AR

Zip Code

72211

Purpose of Expenditure

Lodging

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General

2010

☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

133.80

Full Name (Last, First, Middle Initial) of Payee  
Crown Plaza

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	1	0

Mailing Address

201 South Shackelford Rd

Amount

66.90

City

Little Rock

State

AR

Zip Code

72211

Purpose of Expenditure

Lodging

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General

2010

☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

200.70

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

200.70

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **19 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Crown Plaza

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	0

Mailing Address

201 South Shackelford Rd

Amount

66.90

City

Little Rock

State

AR

Zip Code

72211

Purpose of Expenditure

Lodging

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

267.60

Full Name (Last, First, Middle Initial) of Payee  
Crown Plaza

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	0

Mailing Address

201 South Shackelford Rd

Amount

66.90

City

Little Rock

State

AR

Zip Code

72211

Purpose of Expenditure

Lodging

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

334.50

Full Name (Last, First, Middle Initial) of Payee  
Crown Plaza

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Mailing Address

201 South Shackelford Rd

Amount

66.90

City

Little Rock

State

AR

Zip Code

72211

Purpose of Expenditure

Lodging

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

401.40

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

200.70

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 20 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Crown Plaza

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Mailing Address

201 South Shackelford Rd

Amount

66.90

City

Little Rock

State

AR

Zip Code

72211

Purpose of Expenditure

Lodging

Category/  
Type

Office Sought:

☐

House

State: AR

Senate

☒

Senate

District: \_\_\_\_\_

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒

Primary

☐

General

☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

468.30

Full Name (Last, First, Middle Initial) of Payee  
Crown Plaza

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	0

Mailing Address

201 South Shackelford Rd

Amount

66.90

City

Little Rock

State

AR

Zip Code

72211

Purpose of Expenditure

Lodging

Category/  
Type

Office Sought:

☐

House

State: AR

Senate

☒

Senate

District: \_\_\_\_\_

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒

Primary

☐

General

☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

535.20

Full Name (Last, First, Middle Initial) of Payee  
Crown Plaza

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	0

Mailing Address

201 South Shackelford Rd

Amount

66.90

City

Little Rock

State

AR

Zip Code

72211

Purpose of Expenditure

Lodging

Category/  
Type

Office Sought:

☐

House

State: AR

Senate

☒

Senate

District: \_\_\_\_\_

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒

Primary

☐

General

☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

602.10

(a) SUBTOTAL of Itemized Independent Expenditures .....

200.70

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 21 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Crown Plaza

Date

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Mailing Address

201 South Shackelford Rd

Amount

66.90

City

Little Rock

State

AR

Zip Code

72211

Purpose of Expenditure

Lodging

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

669.00

Full Name (Last, First, Middle Initial) of Payee  
Crown Plaza

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Mailing Address

201 South Shackelford Rd

Amount

66.90

City

Little Rock

State

AR

Zip Code

72211

Purpose of Expenditure

Lodging

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

735.90

Full Name (Last, First, Middle Initial) of Payee  
Delta Airlines

Date

M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 1 0

Mailing Address

P.O. Box 20706

Amount

60.00

City

Atlanta

State

GA

Zip Code

30320

Purpose of Expenditure

Baggage fee

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

60.00

(a) SUBTOTAL of Itemized Independent Expenditures .....

193.80

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 22 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Delta Airlines

Date

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0Mailing Address  
P.O. Box 20706

Amount

City State Zip Code  
Atlanta GA 30320

25.00

Purpose of Expenditure  
Baggage feeCategory/  
TypeOffice Sought: ☐ House State: ARSenate ☒ Senate District: \_\_\_\_\_☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought 85.00Disbursement For: ☒ Primary ☐ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Democrat Gain

Date

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 0Mailing Address  
PO Box 15007

Amount

City State Zip Code  
Washington DC 20003

83.33

Purpose of Expenditure  
AdvertisingCategory/  
TypeOffice Sought: ☐ House State: ARSenate ☒ Senate District: \_\_\_\_\_☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought 83.33Disbursement For: ☒ Primary ☐ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Gaelynn Dooley

Date

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 0Mailing Address  
95 W. 1st Ave Apt 1

Amount

City State Zip Code  
Columbus OH 43215

218.18

Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: ARSenate ☒ Senate District: \_\_\_\_\_☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought 218.18Disbursement For: ☒ Primary ☐ General☐ Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....

326.51

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 23 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Gaelynn Dooley

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	0

Mailing Address

95 W. 1st Ave Apt 1

Amount

218.18

City

Columbus

State

OH

Zip Code

43215

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

436.36

Full Name (Last, First, Middle Initial) of Payee

Gaelynn Dooley

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	0

Mailing Address

95 W. 1st Ave Apt 1

Amount

218.18

City

Columbus

State

OH

Zip Code

43215

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

654.54

Full Name (Last, First, Middle Initial) of Payee

Gaelynn Dooley

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	0

Mailing Address

95 W. 1st Ave Apt 1

Amount

25.00

City

Columbus

State

OH

Zip Code

43215

Purpose of Expenditure

Per diem

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

679.54

(a) SUBTOTAL of Itemized Independent Expenditures .....

461.36

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **24 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Gaelynn Dooley

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	1	0

Mailing Address  
95 W. 1st Ave Apt 1

Amount

218.18

City	State	Zip Code
Columbus	OH	43215

Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

897.72

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Gaelynn Dooley

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	1	0

Mailing Address  
95 W. 1st Ave Apt 1

Amount

25.00

City	State	Zip Code
Columbus	OH	43215

Purpose of Expenditure  
Per diemCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

922.72

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Gaelynn Dooley

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	0

Mailing Address  
95 W. 1st Ave Apt 1

Amount

218.18

City	State	Zip Code
Columbus	OH	43215

Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

1140.90

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_(a) **SUBTOTAL** of Itemized Independent Expenditures .....

461.36

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)



**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 25 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Gaelynn Dooley

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	0

Mailing Address

95 W. 1st Ave Apt 1

Amount

25.00

City

Columbus

State

OH

Zip Code

43215

Purpose of Expenditure

Per diem

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General2010  
☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1165.90

Full Name (Last, First, Middle Initial) of Payee

Gaelynn Dooley

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Mailing Address

95 W. 1st Ave Apt 1

Amount

218.18

City

Columbus

State

OH

Zip Code

43215

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General2010  
☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1384.08

Full Name (Last, First, Middle Initial) of Payee

Gaelynn Dooley

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Mailing Address

95 W. 1st Ave Apt 1

Amount

25.00

City

Columbus

State

OH

Zip Code

43215

Purpose of Expenditure

Per diem

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General2010  
☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1409.08

(a) SUBTOTAL of Itemized Independent Expenditures .....

268.18

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 26 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Gaelynn Dooley

Date

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 0

Mailing Address

95 W. 1st Ave Apt 1

Amount

218.18

City

Columbus

State

OH

Zip Code

43215

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1627.26

Full Name (Last, First, Middle Initial) of Payee

Gaelynn Dooley

Date

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 0

Mailing Address

95 W. 1st Ave Apt 1

Amount

25.00

City

Columbus

State

OH

Zip Code

43215

Purpose of Expenditure

Per diem

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1652.26

Full Name (Last, First, Middle Initial) of Payee

Gaelynn Dooley

Date

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Mailing Address

95 W. 1st Ave Apt 1

Amount

218.18

City

Columbus

State

OH

Zip Code

43215

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1870.44

(a) SUBTOTAL of Itemized Independent Expenditures .....

461.36

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 27 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Gaelynn Dooley

Date

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Mailing Address

95 W. 1st Ave Apt 1

Amount

25.00

City

Columbus

State

OH

Zip Code

43215

Purpose of Expenditure

Per diem

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1895.44

Full Name (Last, First, Middle Initial) of Payee

Gaelynn Dooley

Date

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 1 0

Mailing Address

95 W. 1st Ave Apt 1

Amount

25.00

City

Columbus

State

OH

Zip Code

43215

Purpose of Expenditure

Pe diem

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1920.44

Full Name (Last, First, Middle Initial) of Payee

Gaelynn Dooley

Date

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 1 0

Mailing Address

95 W. 1st Ave Apt 1

Amount

25.00

City

Columbus

State

OH

Zip Code

43215

Purpose of Expenditure

Per diem

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1945.44

(a) SUBTOTAL of Itemized Independent Expenditures .....

75.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Gaelynn Dooley

Date

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 0Mailing Address  
95 W. 1st Ave Apt 1

Amount

218.18

City State Zip Code  
Columbus OH 43215Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 2163.62Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Gaelynn Dooley

Date

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 0Mailing Address  
95 W. 1st Ave Apt 1

Amount

25.00

City State Zip Code  
Columbus OH 43215Purpose of Expenditure  
Per diemCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 2188.62Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Gaelynn Dooley

Date

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 1 0Mailing Address  
95 W. 1st Ave Apt 1

Amount

218.18

City State Zip Code  
Columbus OH 43215Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 2406.80Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....

461.36

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 29 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Gaelynn Dooley

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	0

Mailing Address  
95 W. 1st Ave Apt 1

Amount

25.00

City  
ColumbusState  
OHZip Code  
43215Purpose of Expenditure  
Per diemCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

2431.80

Full Name (Last, First, Middle Initial) of Payee  
Gaelynn Dooley

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address  
95 W. 1st Ave Apt 1

Amount

218.18

City  
ColumbusState  
OHZip Code  
43215Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

2649.98

Full Name (Last, First, Middle Initial) of Payee  
Gaelynn Dooley

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address  
95 W. 1st Ave Apt 1

Amount

25.00

City  
ColumbusState  
OHZip Code  
43215Purpose of Expenditure  
Per diemCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

2674.98

(a) SUBTOTAL of Itemized Independent Expenditures .....

268.18

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **30 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Tahir Duckett

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	1	0

Mailing Address

1325 N. Pierce St, Apt. 501

Amount

45.00

City

Arlington

State

VA

Zip Code

22209

Purpose of Expenditure

Per diem

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

45.00

Full Name (Last, First, Middle Initial) of Payee

Tahir Duckett

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	0

Mailing Address

1325 N. Pierce St, Apt. 501

Amount

45.00

City

Arlington

State

VA

Zip Code

22209

Purpose of Expenditure

Per diem

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

90.00

Full Name (Last, First, Middle Initial) of Payee

Tahir Duckett

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Mailing Address

1325 N. Pierce St, Apt. 501

Amount

45.00

City

Arlington

State

VA

Zip Code

22209

Purpose of Expenditure

Per diem

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

135.00

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

135.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 31 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Tahir Duckett

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	0

Mailing Address

1325 N. Pierce St, Apt. 501

Amount

45.00

City

Arlington

State

VA

Zip Code

22209

Purpose of Expenditure

Per diem

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

180.00

Full Name (Last, First, Middle Initial) of Payee

Tahir Duckett

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

Mailing Address

1325 N. Pierce St, Apt. 501

Amount

45.00

City

Arlington

State

VA

Zip Code

22209

Purpose of Expenditure

Per diem

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

225.00

Full Name (Last, First, Middle Initial) of Payee

Egencia (credit card transaction)

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	0

Mailing Address

PO Box 360001.

Amount

389.80

City

Ft. Lauderdale

State

FL

Zip Code

33336

Purpose of Expenditure

Airfare

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

389.80

(a) SUBTOTAL of Itemized Independent Expenditures .....

479.80

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 32 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Egencia (credit card transaction)

Date

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 1 0Mailing Address  
PO Box 360001.

Amount

8.00

City

State

Zip Code

Ft. Lauderdale

FL

33336

Purpose of Expenditure

Travel expense

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

397.80

Full Name (Last, First, Middle Initial) of Payee  
Egencia (credit card transaction)

Date

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 1 0Mailing Address  
PO Box 360001.

Amount

274.80

City

State

Zip Code

Ft. Lauderdale

FL

33336

Purpose of Expenditure

Airfare

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

672.60

Full Name (Last, First, Middle Initial) of Payee  
Egencia (credit card transaction)

Date

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 1 0Mailing Address  
PO Box 360001.

Amount

8.00

City

State

Zip Code

Ft. Lauderdale

FL

33336

Purpose of Expenditure

Booking fee

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

680.60

(a) SUBTOTAL of Itemized Independent Expenditures .....

290.80

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)



**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **33 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Egencia (credit card transaction)

Date

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0Mailing Address  
PO Box 360001.

Amount

14.89

City

State

Zip Code

Ft. Lauderdale

FL

33336

Purpose of Expenditure  
Rental carCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

695.49

Full Name (Last, First, Middle Initial) of Payee  
Egencia (credit card transaction)

Date

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0Mailing Address  
PO Box 360001.

Amount

14.89

City

State

Zip Code

Ft. Lauderdale

FL

33336

Purpose of Expenditure  
Rental carCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

710.38

Full Name (Last, First, Middle Initial) of Payee  
Egencia (credit card transaction)

Date

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 0Mailing Address  
PO Box 360001.

Amount

14.89

City

State

Zip Code

Ft. Lauderdale

FL

33336

Purpose of Expenditure  
Rental carCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

725.27

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

44.67

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

Image# 10990530771  
**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **34 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Egencia (credit card transaction)

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	0

Mailing Address  
PO Box 360001.

Amount

14.89

City State Zip Code  
Ft. Lauderdale FL 33336

Purpose of Expenditure  
Rental car

Category/  
Type

Office Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For: ☒ Primary ☐ General  
2010  
☐ Other (specify) \_\_\_\_\_

Calendar Year-To-Date Per Election  
for Office Sought 740.16

Full Name (Last, First, Middle Initial) of Payee  
Egencia (credit card transaction)

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	0

Mailing Address  
PO Box 360001.

Amount

288.30

City State Zip Code  
Ft. Lauderdale FL 33336

Purpose of Expenditure  
Airfare

Category/  
Type

Office Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For: ☒ Primary ☐ General  
2010  
☐ Other (specify) \_\_\_\_\_

Calendar Year-To-Date Per Election  
for Office Sought 1028.46

Full Name (Last, First, Middle Initial) of Payee  
Egencia (credit card transaction)

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	0

Mailing Address  
PO Box 360001.

Amount

339.30

City State Zip Code  
Ft. Lauderdale FL 33336

Purpose of Expenditure  
Airfare

Category/  
Type

Office Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For: ☒ Primary ☐ General  
2010  
☐ Other (specify) \_\_\_\_\_

Calendar Year-To-Date Per Election  
for Office Sought 1367.76

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

642.49

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....

(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **35 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Egencia (credit card transaction)

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	0

Mailing Address  
PO Box 360001.

Amount

488.10

City  
Ft. LauderdaleState  
FLZip Code  
33336Purpose of Expenditure  
AirfareCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1855.86

Full Name (Last, First, Middle Initial) of Payee  
Egencia (credit card transaction)

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	0

Mailing Address  
PO Box 360001.

Amount

30.00

City  
Ft. LauderdaleState  
FLZip Code  
33336Purpose of Expenditure  
Transaction feeCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1885.86

Full Name (Last, First, Middle Initial) of Payee  
Egencia (credit card transaction)

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	0

Mailing Address  
PO Box 360001.

Amount

30.00

City  
Ft. LauderdaleState  
FLZip Code  
33336Purpose of Expenditure  
Transaction feeCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1915.86

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

548.10

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **36 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Egencia (credit card transaction)

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	0

Mailing Address  
PO Box 360001.

Amount

30.00

City

Ft. Lauderdale

State

FL

Zip Code

33336

Purpose of Expenditure  
Transaction feeCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1945.86

Full Name (Last, First, Middle Initial) of Payee  
Egencia (credit card transaction)

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	0

Mailing Address  
PO Box 360001.

Amount

414.80

City

Ft. Lauderdale

State

FL

Zip Code

33336

Purpose of Expenditure  
AirfareCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

2360.66

Full Name (Last, First, Middle Initial) of Payee  
Egencia (credit card transaction)

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	0

Mailing Address  
PO Box 360001.

Amount

8.00

City

Ft. Lauderdale

State

FL

Zip Code

33336

Purpose of Expenditure  
Booking feesCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

2368.66

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

452.80

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 37 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Egencia (credit card transaction)

Date

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0Mailing Address  
PO Box 360001.

Amount

86.52

City

Ft. Lauderdale

State

FL

Zip Code

33336

Purpose of Expenditure  
HousingCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

2455.18

Full Name (Last, First, Middle Initial) of Payee  
Egencia (credit card transaction)

Date

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0Mailing Address  
PO Box 360001.

Amount

414.80

City

Ft. Lauderdale

State

FL

Zip Code

33336

Purpose of Expenditure  
AirfareCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

2869.98

Full Name (Last, First, Middle Initial) of Payee  
Egencia (credit card transaction)

Date

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0Mailing Address  
PO Box 360001.

Amount

8.00

City

Ft. Lauderdale

State

FL

Zip Code

33336

Purpose of Expenditure  
Transaction feeCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

2877.98

(a) SUBTOTAL of Itemized Independent Expenditures .....

509.32

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **38 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Egencia (credit card transaction)

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Mailing Address  
PO Box 360001.

Amount

8.00

City	State	Zip Code
Ft. Lauderdale	FL	33336

Purpose of Expenditure  
Booking feeCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

2885.98

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Egencia Travel

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Mailing Address  
333 108th Ave NE

Amount

274.80

City	State	Zip Code
Bellevue	WA	98004

Purpose of Expenditure  
Travel expenseCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

274.80

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Dave Engledow

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Mailing Address  
9433 Falling Court

Amount

45.00

City	State	Zip Code
Laurel	MD	20723

Purpose of Expenditure  
Per diemCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

45.00

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_(a) **SUBTOTAL** of Itemized Independent Expenditures .....

327.80

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **39 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Dave Engledow

Date

M	M	D	D	Y	Y	Y	Y
0	3	2	5	2	0	1	0

Mailing Address  
9433 Falling Court

Amount

45.00

City  
LaurelState  
MDZip Code  
20723Purpose of Expenditure  
Per diemCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

90.00

Full Name (Last, First, Middle Initial) of Payee  
Extended Stay Hotel

Date

M	M	D	D	Y	Y	Y	Y
0	3	1	9	2	0	1	0

Mailing Address  
Hardin Rd

Amount

21.63

City  
Little RockState  
ARZip Code  
72203Purpose of Expenditure  
HousingCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

21.63

Full Name (Last, First, Middle Initial) of Payee  
Extended Stay Hotel

Date

M	M	D	D	Y	Y	Y	Y
0	3	2	0	2	0	1	0

Mailing Address  
Hardin Rd

Amount

21.63

City  
Little RockState  
ARZip Code  
72203Purpose of Expenditure  
HousingCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

43.26

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

88.26

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **40 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Extended Stay Hotel

Date

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 1 0Mailing Address  
Hardin Rd

Amount

City  
Little RockState  
ARZip Code  
72203

21.63

Purpose of Expenditure  
HousingCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

64.89

Full Name (Last, First, Middle Initial) of Payee  
Extended Stay Hotel

Date

M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 1 0Mailing Address  
Hardin Rd

Amount

City  
Little RockState  
ARZip Code  
72203

86.52

Purpose of Expenditure  
HousingCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

151.41

Full Name (Last, First, Middle Initial) of Payee  
Extended Stay Hotel

Date

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0Mailing Address  
Hardin Rd

Amount

City  
Little RockState  
ARZip Code  
72203

86.52

Purpose of Expenditure  
HousingCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

237.93

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

194.67

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)



**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 41 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Extended Stay Hotel

Date

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0Mailing Address  
Hardin Rd

Amount

86.52

City  
Little RockState  
ARZip Code  
72203Purpose of Expenditure  
HousingCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

324.45

Full Name (Last, First, Middle Initial) of Payee  
Extended Stay Hotel

Date

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 0Mailing Address  
Hardin Rd

Amount

86.52

City  
Little RockState  
ARZip Code  
72203Purpose of Expenditure  
HousingCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

410.97

Full Name (Last, First, Middle Initial) of Payee  
Extended Stay Hotel

Date

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0Mailing Address  
Hardin Rd

Amount

86.52

City  
Little RockState  
ARZip Code  
72203Purpose of Expenditure  
HousingCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

497.49

(a) SUBTOTAL of Itemized Independent Expenditures .....

259.56

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **42 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Extended Stay Hotel

Date

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 1 0Mailing Address  
Hardin Rd

Amount

86.52

City  
Little RockState  
ARZip Code  
72203Purpose of Expenditure  
HousingCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

584.01

Full Name (Last, First, Middle Initial) of Payee  
Extended Stay Hotel

Date

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 1 0Mailing Address  
Hardin Rd

Amount

33.44

City  
Little RockState  
ARZip Code  
72203Purpose of Expenditure  
HousingCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

617.45

Full Name (Last, First, Middle Initial) of Payee  
Extended Stay Hotel

Date

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 1 0Mailing Address  
Hardin Rd

Amount

86.52

City  
Little RockState  
ARZip Code  
72203Purpose of Expenditure  
HousingCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

703.97

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

206.48

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **43 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Extended Stay Hotel

Date

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 0Mailing Address  
Hardin Rd

Amount

City State Zip Code  
Little Rock AR 72203

33.44

Purpose of Expenditure  
HousingCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 737.41Full Name (Last, First, Middle Initial) of Payee  
Extended Stay Hotel

Date

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 0Mailing Address  
Hardin Rd

Amount

City State Zip Code  
Little Rock AR 72203

116.51

Purpose of Expenditure  
HousingCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 853.92Full Name (Last, First, Middle Initial) of Payee  
Extended Stay Hotel

Date

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 1 0Mailing Address  
Hardin Rd

Amount

City State Zip Code  
Little Rock AR 72203

33.44

Purpose of Expenditure  
HousingCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 887.36(a) **SUBTOTAL** of Itemized Independent Expenditures .....

183.39

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **44** / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Extended Stay Hotel

Date

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 1 0Mailing Address  
Hardin Rd

Amount

116.51

City  
Little RockState  
ARZip Code  
72203Purpose of Expenditure  
HousingCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1003.87

Full Name (Last, First, Middle Initial) of Payee  
Extended Stay Hotel

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0Mailing Address  
Hardin Rd

Amount

33.44

City  
Little RockState  
ARZip Code  
72203Purpose of Expenditure  
HousingCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1037.31

Full Name (Last, First, Middle Initial) of Payee  
Extended Stay Hotel

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0Mailing Address  
Hardin Rd

Amount

116.51

City  
Little RockState  
ARZip Code  
72203Purpose of Expenditure  
HousingCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1153.82

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

266.46

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **45 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Flash Market

Date

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0Mailing Address  
8623 Warden Rd

Amount

City State Zip Code  
Sherwood AR 72120

44.80

Purpose of Expenditure  
GasCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 44.80Full Name (Last, First, Middle Initial) of Payee  
Willie Holmes

Date

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 0Mailing Address  
2220 S. State St. Apt 3

Amount

City State Zip Code  
Little Rock AR 72206

218.18

Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 218.18Full Name (Last, First, Middle Initial) of Payee  
Willie Holmes

Date

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 1 0Mailing Address  
2220 S. State St. Apt 3

Amount

City State Zip Code  
Little Rock AR 72206

218.18

Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 436.36(a) **SUBTOTAL** of Itemized Independent Expenditures .....

481.16

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **46 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Willie Holmes

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	0

Mailing Address  
2220 S. State St. Apt 3

Amount

218.18

City	State	Zip Code
Little Rock	AR	72206

Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 654.54Full Name (Last, First, Middle Initial) of Payee  
Willie Holmes

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	1	0

Mailing Address  
2220 S. State St. Apt 3

Amount

218.18

City	State	Zip Code
Little Rock	AR	72206

Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 872.72Full Name (Last, First, Middle Initial) of Payee  
Willie Holmes

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	0

Mailing Address  
2220 S. State St. Apt 3

Amount

218.18

City	State	Zip Code
Little Rock	AR	72206

Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 1090.90(a) **SUBTOTAL** of Itemized Independent Expenditures .....

654.54

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 47 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Willie Holmes

Date

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0Mailing Address  
2220 S. State St. Apt 3

Amount

218.18

City State Zip Code  
Little Rock AR 72206Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 1309.08Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Willie Holmes

Date

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 0Mailing Address  
2220 S. State St. Apt 3

Amount

218.18

City State Zip Code  
Little Rock AR 72206Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 1527.26Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Willie Holmes

Date

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0Mailing Address  
2220 S. State St. Apt 3

Amount

218.18

City State Zip Code  
Little Rock AR 72206Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 1745.44Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....

654.54

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **48 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Willie Holmes

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	0

Mailing Address  
2220 S. State St. Apt 3

Amount

218.18

City	State	Zip Code
Little Rock	AR	72206

Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 1963.62Full Name (Last, First, Middle Initial) of Payee  
Willie Holmes

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	0

Mailing Address  
2220 S. State St. Apt 3

Amount

218.18

City	State	Zip Code
Little Rock	AR	72206

Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 2181.80Full Name (Last, First, Middle Initial) of Payee  
Willie Holmes

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address  
2220 S. State St. Apt 3

Amount

218.18

City	State	Zip Code
Little Rock	AR	72206

Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 2399.98(a) **SUBTOTAL** of Itemized Independent Expenditures .....

654.54

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)



**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **49** / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Idealist

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	0

Mailing Address

302 Fifth Avenue, 11th Floor

Amount

60.00

City

NY

State

NY

Zip Code

10001

Purpose of Expenditure

Job ad

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

60.00

Full Name (Last, First, Middle Initial) of Payee  
Idealist

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	0

Mailing Address

302 Fifth Avenue, 11th Floor

Amount

60.00

City

NY

State

NY

Zip Code

10001

Purpose of Expenditure

Job ad

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

120.00

Full Name (Last, First, Middle Initial) of Payee  
J-Mart

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	1	0

Mailing Address

1101 Sheridan Rd

Amount

10.00

City

Redfield

State

AR

Zip Code

72132

Purpose of Expenditure

Gas

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

10.00

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

130.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **50** / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Adrina Jennings

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Mailing Address

722 W. 47th St

Amount

123.20

City

North Little Rock

State

AR

Zip Code

72218

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

123.20

Full Name (Last, First, Middle Initial) of Payee

Adrina Jennings

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	0

Mailing Address

722 W. 47th St

Amount

123.20

City

North Little Rock

State

AR

Zip Code

72218

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

246.40

Full Name (Last, First, Middle Initial) of Payee

Adrina Jennings

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

Mailing Address

722 W. 47th St

Amount

123.20

City

North Little Rock

State

AR

Zip Code

72218

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

369.60

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

369.60

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 51 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Adrina Jennings

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	0

Mailing Address

722 W. 47th St

Amount

123.20

City

North Little Rock

State

AR

Zip Code

72218

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General2010  
☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

492.80

Full Name (Last, First, Middle Initial) of Payee

Adrina Jennings

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	0

Mailing Address

722 W. 47th St

Amount

123.20

City

North Little Rock

State

AR

Zip Code

72218

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General2010  
☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

616.00

Full Name (Last, First, Middle Initial) of Payee

Adrina Jennings

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address

722 W. 47th St

Amount

123.20

City

North Little Rock

State

AR

Zip Code

72218

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General2010  
☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

739.20

(a) SUBTOTAL of Itemized Independent Expenditures .....

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 52 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Jerry Feldman-American Express

Date

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 1 0

Mailing Address

2560 North First Street, Suite 150

Amount

288.30

City

San Jose

State

CA

Zip Code

95131

Purpose of Expenditure

Airfare

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

288.30

Full Name (Last, First, Middle Initial) of Payee  
Jerry Feldman-American Express

Date

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 1 0

Mailing Address

2560 North First Street, Suite 150

Amount

339.30

City

San Jose

State

CA

Zip Code

95131

Purpose of Expenditure

Airfare

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

627.60

Full Name (Last, First, Middle Initial) of Payee  
Jerry Feldman-American Express

Date

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 1 0

Mailing Address

2560 North First Street, Suite 150

Amount

488.10

City

San Jose

State

CA

Zip Code

95131

Purpose of Expenditure

Airfare

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1115.70

(a) SUBTOTAL of Itemized Independent Expenditures .....

1115.70

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 53 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Jerry Feldman-American Express

Date

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 1 0

Mailing Address

2560 North First Street, Suite 150

Amount

30.00

City

San Jose

State

CA

Zip Code

95131

Purpose of Expenditure

Booking fee

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1145.70

Full Name (Last, First, Middle Initial) of Payee  
Jerry Feldman-American Express

Date

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 1 0

Mailing Address

2560 North First Street, Suite 150

Amount

30.00

City

San Jose

State

CA

Zip Code

95131

Purpose of Expenditure

Booking fee

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1175.70

Full Name (Last, First, Middle Initial) of Payee  
Jerry Feldman-American Express

Date

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 1 0

Mailing Address

2560 North First Street, Suite 150

Amount

30.00

City

San Jose

State

CA

Zip Code

95131

Purpose of Expenditure

Booking fee

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1205.70

(a) SUBTOTAL of Itemized Independent Expenditures .....

90.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **54** / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Jerry Feldman-American Express

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	1	0

Mailing Address

2560 North First Street, Suite 150

Amount

496.90

City

San Jose

State

CA

Zip Code

95131

Purpose of Expenditure

Airfare

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1702.60

Full Name (Last, First, Middle Initial) of Payee  
Jerry Feldman-American Express

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	1	0

Mailing Address

2560 North First Street, Suite 150

Amount

30.00

City

San Jose

State

CA

Zip Code

95131

Purpose of Expenditure

Transaction fee

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1732.60

Full Name (Last, First, Middle Initial) of Payee  
Gloria Joann

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

Mailing Address

3470 E. Kiehl St. Apt 7004

Amount

123.20

City

Sherwood

State

AR

Zip Code

72120

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

123.20

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

650.10

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 55 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Travis Jones

Date

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0Mailing Address  
227 Harrison

Amount

123.20

City  
CarlisleState  
ARZip Code  
72202Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ 2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

123.20

Full Name (Last, First, Middle Initial) of Payee  
Travis Jones

Date

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 0Mailing Address  
227 Harrison

Amount

123.20

City  
CarlisleState  
ARZip Code  
72202Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ 2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

246.40

Full Name (Last, First, Middle Initial) of Payee  
Steve Karbowiak

Date

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 1 0Mailing Address  
4195 West 22nd St

Amount

25.00

City  
ClevelandState  
OHZip Code  
44109Purpose of Expenditure  
Per diemCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ 2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

25.00

(a) SUBTOTAL of Itemized Independent Expenditures .....

271.40

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **56 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Steve Karbowiak

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	1	0

Mailing Address  
4195 West 22nd St

Amount

City	State	Zip Code
Cleveland	OH	44109

Amount
25.00

Purpose of Expenditure  
Per diemCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

50.00
-------

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Steve Karbowiak

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	0

Mailing Address  
4195 West 22nd St

Amount

City	State	Zip Code
Cleveland	OH	44109

Amount
176.51

Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

226.51
--------

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Steve Karbowiak

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	0

Mailing Address  
4195 West 22nd St

Amount

City	State	Zip Code
Cleveland	OH	44109

Amount
25.00

Purpose of Expenditure  
Per diemCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

251.51
--------

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_(a) **SUBTOTAL** of Itemized Independent Expenditures .....

226.51
--------

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)



**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Steve Karbowiak

Date

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0Mailing Address  
4195 West 22nd St

Amount

176.51

City State Zip Code  
Cleveland OH 44109Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 428.02Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Steve Karbowiak

Date

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0Mailing Address  
4195 West 22nd St

Amount

25.00

City State Zip Code  
Cleveland OH 44109Purpose of Expenditure  
Per diemCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 453.02Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Steve Karbowiak

Date

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 0Mailing Address  
4195 West 22nd St

Amount

176.51

City State Zip Code  
Cleveland OH 44109Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 629.53Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....

378.02

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **58 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Steve Karbowiak

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	0

Mailing Address  
4195 West 22nd St

Amount

25.00

City  
ClevelandState  
OHZip Code  
44109Purpose of Expenditure  
Per diemCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

654.53

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Steve Karbowiak

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

Mailing Address  
4195 West 22nd St

Amount

176.51

City  
ClevelandState  
OHZip Code  
44109Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

831.04

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Steve Karbowiak

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

Mailing Address  
4195 West 22nd St

Amount

25.00

City  
ClevelandState  
OHZip Code  
44109Purpose of Expenditure  
Per diemCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

856.04

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_(a) **SUBTOTAL** of Itemized Independent Expenditures .....

226.51

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 59 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Steve Karbowskiak

Date

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 1 0Mailing Address  
4195 West 22nd St

Amount

25.00

City  
ClevelandState  
OHZip Code  
44109Purpose of Expenditure  
Per diemCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

881.04

Full Name (Last, First, Middle Initial) of Payee  
Steve Karbowskiak

Date

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 1 0Mailing Address  
4195 West 22nd St

Amount

25.00

City  
ClevelandState  
OHZip Code  
44109Purpose of Expenditure  
Per diemCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

906.04

Full Name (Last, First, Middle Initial) of Payee  
Steve Karbowskiak

Date

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 0Mailing Address  
4195 West 22nd St

Amount

176.51

City  
ClevelandState  
OHZip Code  
44109Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1082.55

(a) SUBTOTAL of Itemized Independent Expenditures .....

226.51

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **60 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Steve Karbowskiak

Date

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 0Mailing Address  
4195 West 22nd St

Amount

25.00

City  
ClevelandState  
OHZip Code  
44109Purpose of Expenditure  
Per diemCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1107.55

Full Name (Last, First, Middle Initial) of Payee  
Steve Karbowskiak

Date

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 1 0Mailing Address  
4195 West 22nd St

Amount

176.51

City  
ClevelandState  
OHZip Code  
44109Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1284.06

Full Name (Last, First, Middle Initial) of Payee  
Steve Karbowskiak

Date

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 1 0Mailing Address  
4195 West 22nd St

Amount

25.00

City  
ClevelandState  
OHZip Code  
44109Purpose of Expenditure  
Per diemCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1309.06

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

226.51

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 61 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Steve Karbowiak

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0Mailing Address  
4195 West 22nd St

Amount

176.51

City State Zip Code  
Cleveland OH 44109Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 1485.57Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Steve Karbowiak

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0Mailing Address  
4195 West 22nd St

Amount

25.00

City State Zip Code  
Cleveland OH 44109Purpose of Expenditure  
Per diemCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 1510.57Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Jacob Kaufman

Date

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0Mailing Address  
16 Buttermilk Rd

Amount

176.51

City State Zip Code  
Little Rock AR 72227Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 176.51Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....

378.02

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **62 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Jacob Kaufman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Mailing Address  
16 Buttermilk Rd

Amount

176.51

City	State	Zip Code
Little Rock	AR	72227

Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ 2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 353.02Full Name (Last, First, Middle Initial) of Payee  
Jacob Kaufman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	0

Mailing Address  
16 Buttermilk Rd

Amount

176.51

City	State	Zip Code
Little Rock	AR	72227

Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ 2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 529.53Full Name (Last, First, Middle Initial) of Payee  
Jacob Kaufman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

Mailing Address  
16 Buttermilk Rd

Amount

176.51

City	State	Zip Code
Little Rock	AR	72227

Purpose of Expenditure

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ 2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 706.04(a) **SUBTOTAL** of Itemized Independent Expenditures .....

529.53

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **63** / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Jacob Kaufman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	0

Mailing Address  
16 Buttermilk Rd

Amount

176.51

City  
Little RockState  
ARZip Code  
72227Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

882.55

Full Name (Last, First, Middle Initial) of Payee  
Jacob Kaufman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	0

Mailing Address  
16 Buttermilk Rd

Amount

176.51

City  
Little RockState  
ARZip Code  
72227Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1059.06

Full Name (Last, First, Middle Initial) of Payee  
Jacob Kaufman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address  
16 Buttermilk Rd

Amount

176.51

City  
Little RockState  
ARZip Code  
72227Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1235.57

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

529.53

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **64** / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Theresa Marshall

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Mailing Address  
1408 Hendrix

Amount

123.20

City  
Little RockState  
ARZip Code  
72204Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

123.20

Full Name (Last, First, Middle Initial) of Payee  
Ben Mathews

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	0

Mailing Address  
9 Chad Ct.

Amount

123.20

City

North Little Rock

State  
ARZip Code  
72218Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

123.20

Full Name (Last, First, Middle Initial) of Payee  
Ben Mathews

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

Mailing Address  
9 Chad Ct.

Amount

123.20

City

North Little Rock

State  
ARZip Code  
72218Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

246.40

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

369.60

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)



**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 65 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Ben Matthews

Date

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0Mailing Address  
9 Chad Ct

Amount

123.20

City State Zip Code  
North Little Rock AR 72118Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 123.20Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Ben Matthews

Date

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 0Mailing Address  
9 Chad Ct

Amount

123.20

City State Zip Code  
North Little Rock AR 72118Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 246.40Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Gloria McCully

Date

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0Mailing Address  
3470 E Kiehl St, Apt. 7004

Amount

123.20

City State Zip Code  
Sherwood AR 72120Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 123.20Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **66** / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Henry Miller

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Mailing Address  
1000 E. 9th St

Amount

123.20

City  
Little RockState  
ARZip Code  
72202Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

123.20

Full Name (Last, First, Middle Initial) of Payee  
Henry Miller

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	0

Mailing Address  
1000 E. 9th St

Amount

123.20

City  
Little RockState  
ARZip Code  
72202Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

246.40

Full Name (Last, First, Middle Initial) of Payee  
Henry Miller

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	0

Mailing Address  
1000 E. 9th St

Amount

123.20

City  
Little RockState  
ARZip Code  
72202Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

369.60

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

369.60

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 67 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Henry Miller

Date

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 1 0Mailing Address  
1000 E. 9th St

Amount

123.20

City  
Little RockState  
ARZip Code  
72202Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

492.80

Full Name (Last, First, Middle Initial) of Payee  
Henry Miller

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0Mailing Address  
1000 E. 9th St

Amount

123.20

City  
Little RockState  
ARZip Code  
72202Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

616.00

Full Name (Last, First, Middle Initial) of Payee  
John Morgan

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0Mailing Address  
1805 Marshall Dr

Amount

123.20

City  
Little RockState  
ARZip Code  
72202Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

123.20

(a) SUBTOTAL of Itemized Independent Expenditures .....

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **68 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Christine Murrell

Date

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 1 0Mailing Address  
1010 Wolfe St Apt 506

Amount

123.20

City State Zip Code  
Little Rock AR 72202Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 123.20Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Christine Murrell

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0Mailing Address  
1010 Wolfe St Apt 506

Amount

123.20

City State Zip Code  
Little Rock AR 72202Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 246.40Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Office Depot

Date

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0Mailing Address  
2600 Cantrell Road

Amount

54.99

City State Zip Code  
Little Rock AR 72201Purpose of Expenditure  
Office suppliesCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 54.99Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_(a) **SUBTOTAL** of Itemized Independent Expenditures .....

301.39

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **69 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Office Depot

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	0

Mailing Address  
2600 Cantrell Road

Amount

80.47

City  
Little RockState  
ARZip Code  
72201Purpose of Expenditure  
Office suppliesCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

135.46

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Office Depot

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

Mailing Address  
2600 Cantrell Road

Amount

68.71

City  
Little RockState  
ARZip Code  
72201Purpose of Expenditure  
Office SuppliesCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

204.17

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Tony Orr

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	0

Mailing Address  
28 Bentley Circle

Amount

123.20

City  
Little RockState  
ARZip Code  
72210

Purpose of Expenditure

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

123.20

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_(a) **SUBTOTAL** of Itemized Independent Expenditures .....

272.38

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **70 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Tony Orr

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	0

Mailing Address

28 Bentley Circle

Amount

123.20

City

Little Rock

State

AR

Zip Code

72210

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

246.40

Full Name (Last, First, Middle Initial) of Payee

Tony Orr

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address

28 Bentley Circle

Amount

123.20

City

Little Rock

State

AR

Zip Code

72210

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

369.60

Full Name (Last, First, Middle Initial) of Payee

William Otterpohl

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

Mailing Address

302 East Roosevelt Rd

Amount

123.20

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

123.20

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

369.60

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 71 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
William Otterpohl

Date

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 0

Mailing Address

302 East Roosevelt Rd

Amount

123.20

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

246.40

Full Name (Last, First, Middle Initial) of Payee  
William Otterpohl

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Mailing Address

302 East Roosevelt Rd

Amount

123.20

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

369.60

Full Name (Last, First, Middle Initial) of Payee  
Stephen Pearison

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Mailing Address

3605 Meadowlake Dr

Amount

123.20

City

Bryant

State

AR

Zip Code

72022

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

123.20

(a) SUBTOTAL of Itemized Independent Expenditures .....

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 72 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Kathryn Porter

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Mailing Address

72 Haley Circle

Amount

123.20

City

Conway

State

AR

Zip Code

72032

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

123.20

Full Name (Last, First, Middle Initial) of Payee

Ryan Revis

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Mailing Address

1606 S. Commerce St

Amount

123.20

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

123.20

Full Name (Last, First, Middle Initial) of Payee

Ryan Revis

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	0

Mailing Address

1606 S. Commerce St

Amount

123.20

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

246.40

(a) SUBTOTAL of Itemized Independent Expenditures .....

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)



**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **73 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Ryan Revis

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

Mailing Address

1606 S. Commerce St

Amount

123.20

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General2010  
☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

369.60

Full Name (Last, First, Middle Initial) of Payee

Ryan Revis

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	0

Mailing Address

1606 S. Commerce St

Amount

123.20

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General2010  
☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

492.80

Full Name (Last, First, Middle Initial) of Payee

Ryan Revis

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address

1606 S. Commerce St

Amount

123.20

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General2010  
☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

616.00

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

369.60

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **74 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Mary Richards

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	0

Mailing Address  
1203 Emerson St. Apt 21

Amount

25.00

City	State	Zip Code
Denver	CO	90218

Purpose of Expenditure  
Per diemCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

25.00

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Mary Richards

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	1	0

Mailing Address  
1203 Emerson St. Apt 21

Amount

25.00

City	State	Zip Code
Denver	CO	90218

Purpose of Expenditure  
Per diemCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

50.00

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Mary Richards

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	0

Mailing Address  
1203 Emerson St. Apt 21

Amount

176.51

City	State	Zip Code
Denver	CO	90218

Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

226.51

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_(a) **SUBTOTAL** of Itemized Independent Expenditures .....

226.51

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 75 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Mary Richards

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	0

Mailing Address

1203 Emerson St. Apt 21

Amount

25.00

City

Denver

State

CO

Zip Code

90218

Purpose of Expenditure

Per diem

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Calendar Year-To-Date Per Election  
for Office Sought

251.51

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee

Mary Richards

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Mailing Address

1203 Emerson St. Apt 21

Amount

176.51

City

Denver

State

CO

Zip Code

90218

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Calendar Year-To-Date Per Election  
for Office Sought

428.02

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee

Mary Richards

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Mailing Address

1203 Emerson St. Apt 21

Amount

25.00

City

Denver

State

CO

Zip Code

90218

Purpose of Expenditure

Per diem

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Calendar Year-To-Date Per Election  
for Office Sought

453.02

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....

226.51

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 76 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Mary Richards

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	0

Mailing Address  
1203 Emerson St. Apt 21

Amount

176.51

City	State	Zip Code
Denver	CO	90218

Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought 629.53Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Mary Richards

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	0

Mailing Address  
1203 Emerson St. Apt 21

Amount

25.00

City	State	Zip Code
Denver	CO	90218

Purpose of Expenditure  
Per diemCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought 654.53Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Mary Richards

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

Mailing Address  
1203 Emerson St. Apt 21

Amount

176.51

City	State	Zip Code
Denver	CO	90218

Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought 831.04Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....

378.02

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 77 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Mary Richards

Date

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0Mailing Address  
1203 Emerson St. Apt 21

Amount

25.00

City State Zip Code  
Denver CO 90218Purpose of Expenditure  
Per diemCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 856.04Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Mary Richards

Date

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 1 0Mailing Address  
1203 Emerson St. Apt 21

Amount

25.00

City State Zip Code  
Denver CO 90218Purpose of Expenditure  
Per diemCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 881.04Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Mary Richards

Date

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 1 0Mailing Address  
1203 Emerson St. Apt 21

Amount

25.00

City State Zip Code  
Denver CO 90218Purpose of Expenditure  
Per diemCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 906.04Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....

75.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 78 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Mary Richards

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	0

Mailing Address  
1203 Emerson St. Apt 21

Amount

176.51

City	State	Zip Code
Denver	CO	90218

Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 1082.55Full Name (Last, First, Middle Initial) of Payee  
Mary Richards

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	0

Mailing Address  
1203 Emerson St. Apt 21

Amount

25.00

City	State	Zip Code
Denver	CO	90218

Purpose of Expenditure  
Per diemCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 1107.55Full Name (Last, First, Middle Initial) of Payee  
Mary Richards

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	0

Mailing Address  
1203 Emerson St. Apt 21

Amount

176.51

City	State	Zip Code
Denver	CO	90218

Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 1284.06

(a) SUBTOTAL of Itemized Independent Expenditures .....

378.02

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **79 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Mary Richards

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	0

Mailing Address  
1203 Emerson St. Apt 21

Amount

25.00

City	State	Zip Code
Denver	CO	90218

Purpose of Expenditure  
Per diemCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ 2010☐ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 1309.06Full Name (Last, First, Middle Initial) of Payee  
Mary Richards

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address  
1203 Emerson St. Apt 21

Amount

176.51

City	State	Zip Code
Denver	CO	90218

Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ 2010☐ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 1485.57Full Name (Last, First, Middle Initial) of Payee  
Mary Richards

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address  
1203 Emerson St. Apt 21

Amount

25.00

City	State	Zip Code
Denver	CO	90218

Purpose of Expenditure  
Per diemCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ 2010☐ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 1510.57(a) **SUBTOTAL** of Itemized Independent Expenditures .....

226.51

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **80** / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Cindy Rippel

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Mailing Address  
1107 W 49th St

Amount

123.20

City	State	Zip Code
North Little Rock	AR	72118

Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

123.20

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Shell

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	0

Mailing Address  
800 Broadway

Amount

46.09

City	State	Zip Code
Little Rock	AR	72202

Purpose of Expenditure  
GasCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

46.09

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Shell

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

Mailing Address  
800 Broadway

Amount

63.30

City	State	Zip Code
Little Rock	AR	72202

Purpose of Expenditure  
GasCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

109.39

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_(a) **SUBTOTAL** of Itemized Independent Expenditures .....

232.59

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)



**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 81 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Shell

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0Mailing Address  
800 Broadway

Amount

City State Zip Code  
Little Rock AR 72202

43.00

Purpose of Expenditure  
GasCategory/  
TypeOffice Sought: ☐ House State: AR☒ Senate☐ Senate District: \_\_\_\_\_☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For: ☒ Primary ☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 152.39Full Name (Last, First, Middle Initial) of Payee  
Shell

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0Mailing Address  
800 Broadway

Amount

City State Zip Code  
Little Rock AR 72202

34.00

Purpose of Expenditure  
GasCategory/  
TypeOffice Sought: ☐ House State: AR☒ Senate☐ Senate District: \_\_\_\_\_☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For: ☒ Primary ☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 186.39Full Name (Last, First, Middle Initial) of Payee  
SJP Pit Stop

Date

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0Mailing Address  
3300 Bankhead Dr

Amount

City State Zip Code  
Little Rock AR 72206

21.93

Purpose of Expenditure  
GasCategory/  
TypeOffice Sought: ☐ House State: AR☒ Senate☐ Senate District: \_\_\_\_\_☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For: ☒ Primary ☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 21.93

(a) SUBTOTAL of Itemized Independent Expenditures .....

98.93

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **82 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Scott Sneddon

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	0

Mailing Address  
440 Rocky Springs Dr

Amount

202.50

City	State	Zip Code
Blacklick	OH	43004

Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

202.50

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Scott Sneddon

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	0

Mailing Address  
440 Rocky Springs Dr

Amount

25.00

City	State	Zip Code
Blacklick	OH	43004

Purpose of Expenditure  
Per diemCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

227.50

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Scott Sneddon

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	1	0

Mailing Address  
440 Rocky Springs Dr

Amount

202.50

City	State	Zip Code
Blacklick	OH	43004

Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

430.00

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_(a) **SUBTOTAL** of Itemized Independent Expenditures .....

430.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **83 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Scott Sneddon

Date

M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 1 0Mailing Address  
440 Rocky Springs Dr

Amount

25.00

City State Zip Code  
Blacklick OH 43004Purpose of Expenditure  
Per diemCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 455.00Disbursement For: ☒ Primary ☐ General  
2010  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Scott Sneddon

Date

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0Mailing Address  
440 Rocky Springs Dr

Amount

202.50

City State Zip Code  
Blacklick OH 43004Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 657.50Disbursement For: ☒ Primary ☐ General  
2010  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Scott Sneddon

Date

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0Mailing Address  
440 Rocky Springs Dr

Amount

25.00

City State Zip Code  
Blacklick OH 43004Purpose of Expenditure  
Per diemCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 682.50Disbursement For: ☒ Primary ☐ General  
2010  
☐ Other (specify) \_\_\_\_\_(a) **SUBTOTAL** of Itemized Independent Expenditures .....

252.50

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **84** / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Scott Sneddon

Date

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0Mailing Address  
440 Rocky Springs Dr

Amount

202.50

City State Zip Code  
Blacklick OH 43004Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 885.00Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Scott Sneddon

Date

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0Mailing Address  
440 Rocky Springs Dr

Amount

25.00

City State Zip Code  
Blacklick OH 43004Purpose of Expenditure  
Per diemCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 910.00Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Scott Sneddon

Date

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0Mailing Address  
440 Rocky Springs Dr

Amount

25.00

City State Zip Code  
Blacklick OH 43004Purpose of Expenditure  
Per diemCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 935.00Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_(a) **SUBTOTAL** of Itemized Independent Expenditures .....

252.50

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **85 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Scott Sneddon

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	0

Mailing Address  
440 Rocky Springs Dr

Amount

202.50

City	State	Zip Code
Blacklick	OH	43004

Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 1137.50Full Name (Last, First, Middle Initial) of Payee  
Scott Sneddon

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

Mailing Address  
440 Rocky Springs Dr

Amount

202.50

City	State	Zip Code
Blacklick	OH	43004

Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 1340.00Full Name (Last, First, Middle Initial) of Payee  
Scott Sneddon

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

Mailing Address  
440 Rocky Springs Dr

Amount

25.00

City	State	Zip Code
Blacklick	OH	43004

Purpose of Expenditure  
Per diemCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 1365.00(a) **SUBTOTAL** of Itemized Independent Expenditures .....

430.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **86 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Scott Sneddon

Date

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 1 0Mailing Address  
440 Rocky Springs Dr

Amount

25.00

City State Zip Code  
Blacklick OH 43004Purpose of Expenditure  
Per diemCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 1390.00Disbursement For: ☒ Primary ☐ General  
2010  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Scott Sneddon

Date

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 1 0Mailing Address  
440 Rocky Springs Dr

Amount

25.00

City State Zip Code  
Blacklick OH 43004Purpose of Expenditure  
Per diemCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 1415.00Disbursement For: ☒ Primary ☐ General  
2010  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Scott Sneddon

Date

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 0Mailing Address  
440 Rocky Springs Dr

Amount

202.50

City State Zip Code  
Blacklick OH 43004Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 1617.50Disbursement For: ☒ Primary ☐ General  
2010  
☐ Other (specify) \_\_\_\_\_(a) **SUBTOTAL** of Itemized Independent Expenditures .....

252.50

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **87 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Scott Sneddon

Date

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 0Mailing Address  
440 Rocky Springs Dr

Amount

25.00

City State Zip Code  
Blacklick OH 43004Purpose of Expenditure  
Per diemCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 1642.50Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Scott Sneddon

Date

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 1 0Mailing Address  
440 Rocky Springs Dr

Amount

202.50

City State Zip Code  
Blacklick OH 43004Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 1845.00Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Scott Sneddon

Date

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 1 0Mailing Address  
440 Rocky Springs Dr

Amount

25.00

City State Zip Code  
Blacklick OH 43004Purpose of Expenditure  
Per diemCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 1870.00Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_(a) **SUBTOTAL** of Itemized Independent Expenditures .....

252.50

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **88 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Scott Sneddon

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0Mailing Address  
440 Rocky Springs Dr

Amount

202.50

City State Zip Code  
Blacklick OH 43004Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 2072.50Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Scott Sneddon

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0Mailing Address  
440 Rocky Springs Dr

Amount

25.00

City State Zip Code  
Blacklick OH 43004Purpose of Expenditure  
Per diemCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 2097.50Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Samuel Snodgrass

Date

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 1 0Mailing Address  
302 E. Roosevelt

Amount

123.20

City State Zip Code  
Little Rock AR 72206Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 123.20Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_(a) **SUBTOTAL** of Itemized Independent Expenditures .....

350.70

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)



**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **89 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Samuel Snodgrass

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0Mailing Address  
302 E. Roosevelt

Amount

123.20

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

246.40

Full Name (Last, First, Middle Initial) of Payee  
Corey Spangler

Date

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0Mailing Address  
2 Helen St Apt 4,

Amount

176.51

City  
Little RockState  
ARZip Code  
72176Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

176.51

Full Name (Last, First, Middle Initial) of Payee  
Corey Spangler

Date

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0Mailing Address  
2 Helen St Apt 4

Amount

176.51

City  
WardState  
ARZip Code  
72176Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

176.51

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

476.22

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **90 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Corey Spangler

Date

M	M	D	D	Y	Y	Y	Y
0	3	2	5	2	0	1	0

Mailing Address  
2 Helen St Apt 4

Amount

176.51

City  
WardState  
ARZip Code  
72176Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

353.02

Full Name (Last, First, Middle Initial) of Payee  
Corey Spangler

Date

M	M	D	D	Y	Y	Y	Y
0	3	2	6	2	0	1	0

Mailing Address  
2 Helen St Apt 4

Amount

176.51

City  
WardState  
ARZip Code  
72176Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

529.53

Full Name (Last, First, Middle Initial) of Payee  
Corey Spangler

Date

M	M	D	D	Y	Y	Y	Y
0	3	2	9	2	0	1	0

Mailing Address  
2 Helen St Apt 4

Amount

176.51

City  
WardState  
ARZip Code  
72176Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

706.04

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

529.53

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 91 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Corey Spangler

Date

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 1 0Mailing Address  
2 Helen St Apt 4

Amount

176.51

City State Zip Code  
Ward AR 72176Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 882.55Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Corey Spangler

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0Mailing Address  
2 Helen St Apt 4

Amount

176.51

City State Zip Code  
Ward AR 72176Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 1059.06Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Todd Speight

Date

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 1 0Mailing Address  
322 E Kelso Rd

Amount

45.00

City State Zip Code  
Columbus OH 43202Purpose of Expenditure  
Per diemCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 45.00Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....

398.02

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **92 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Todd Speight

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	0

Mailing Address

322 E Kelso Rd

Amount

25.00

City

Columbus

State

OH

Zip Code

43202

Purpose of Expenditure

Per diem

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Calendar Year-To-Date Per Election  
for Office Sought

70.00

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee

Todd Speight

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	0

Mailing Address

322 E Kelso Rd

Amount

368.00

City

Columbus

State

OH

Zip Code

43202

Purpose of Expenditure

Mileage

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Calendar Year-To-Date Per Election  
for Office Sought

438.00

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee

Todd Speight

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	0

Mailing Address

322 E Kelso Rd

Amount

25.00

City

Columbus

State

OH

Zip Code

43202

Purpose of Expenditure

Per diem

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Calendar Year-To-Date Per Election  
for Office Sought

463.00

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_(a) **SUBTOTAL** of Itemized Independent Expenditures .....

418.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **93 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Todd Speight

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address

322 E Kelso Rd

Amount

25.00

City

Columbus

State

OH

Zip Code

43202

Purpose of Expenditure

Per diem

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

488.00

Full Name (Last, First, Middle Initial) of Payee

Staples

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	1	0

Mailing Address

4219 E. Broadway St

Amount

25.42

City

North Little Rock

State

AR

Zip Code

72117

Purpose of Expenditure

Office supplies

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

25.42

Full Name (Last, First, Middle Initial) of Payee

Staples

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Mailing Address

12309 Chenal Parkway

Amount

107.26

City

Little Rock

State

AR

Zip Code

72211

Purpose of Expenditure

Office supplies

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

107.26

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

157.68

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **94** / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Staples

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	0

Mailing Address  
4219 E. Broadway St

Amount

182.74

City	State	Zip Code
North Little Rock	AR	72117

Purpose of Expenditure  
Office suppliesCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 208.16Full Name (Last, First, Middle Initial) of Payee  
Staples

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address  
12309 Chenal Parkway

Amount

167.71

City	State	Zip Code
Little Rock	AR	72211

Purpose of Expenditure  
Office suppliesCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 274.97Full Name (Last, First, Middle Initial) of Payee  
Staples

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address  
12309 Chenal Parkway

Amount

98.88

City	State	Zip Code
Little Rock	AR	72211

Purpose of Expenditure  
Office suppliesCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 373.85(a) **SUBTOTAL** of Itemized Independent Expenditures .....

449.33

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Sturbridge Shell

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0Mailing Address  
10100 Rodney Parham Rd

Amount

10.00

City  
Little RockState  
ARZip Code  
72227Purpose of Expenditure  
GasCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

10.00

Full Name (Last, First, Middle Initial) of Payee  
Super Stop

Date

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0Mailing Address  
800 E 6th St

Amount

7.91

City  
Little RockState  
ARZip Code  
72202Purpose of Expenditure  
GasCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

7.91

Full Name (Last, First, Middle Initial) of Payee  
Kyle Taylor

Date

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 1 0Mailing Address  
10110 Douglas Oaks Dr, #3

Amount

172.57

City  
TampaState  
FLZip Code  
33336Purpose of Expenditure  
TravelCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

172.57

(a) SUBTOTAL of Itemized Independent Expenditures .....

190.48

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Kyle Taylor

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address  
10110 Douglas Oaks Dr, #3

Amount

185.36

City	State	Zip Code
Tampa	FL	33336

Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 357.93Full Name (Last, First, Middle Initial) of Payee  
Kyle Taylor

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address  
10110 Douglas Oaks Dr, #3

Amount

10.88

City	State	Zip Code
Tampa	FL	33336

Purpose of Expenditure  
GasCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 368.81Full Name (Last, First, Middle Initial) of Payee  
Kyle Taylor

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address  
10110 Douglas Oaks Dr, #3

Amount

20.55

City	State	Zip Code
Tampa	FL	33336

Purpose of Expenditure  
GasCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 389.36

(a) SUBTOTAL of Itemized Independent Expenditures .....

216.79

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)



**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Kyle Taylor

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Mailing Address

10110 Douglas Oaks Dr, #3

Amount

24.15

City  
TampaState  
FLZip Code  
33336Purpose of Expenditure  
GasCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

413.51

Full Name (Last, First, Middle Initial) of Payee  
Kyle Taylor

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Mailing Address

10110 Douglas Oaks Dr, #3

Amount

32.35

City  
TampaState  
FLZip Code  
33336Purpose of Expenditure  
GasCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☐ Primary☒ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

445.86

Full Name (Last, First, Middle Initial) of Payee  
Kyle Taylor

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Mailing Address

10110 Douglas Oaks Dr, #3

Amount

25.00

City  
TampaState  
FLZip Code  
33336Purpose of Expenditure  
Per diemCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

470.86

(a) SUBTOTAL of Itemized Independent Expenditures .....

81.50

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **98 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Moksheda Thapa

Date

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 0Mailing Address  
3804 W. Capitol Ave

Amount

123.20

City State Zip Code  
Little Rock AR 72205Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 123.20Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Moksheda Thapa

Date

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 1 0Mailing Address  
3804 W. Capitol Ave

Amount

123.20

City State Zip Code  
Little Rock AR 72205Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 246.40Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Moksheda Thapa

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0Mailing Address  
3804 W. Capitol Ave

Amount

123.20

City State Zip Code  
Little Rock AR 72205Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 369.60Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_(a) **SUBTOTAL** of Itemized Independent Expenditures .....

369.60

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **99 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
The Clean Machine

Date

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 1 0Mailing Address  
PO Box 6688

Amount

93.47

City  
SherwoodState  
ARZip Code  
72120Purpose of Expenditure  
Carpet cleaningCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

93.47

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

81.27

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Van expensesCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

81.27

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

81.27

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Van expensesCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

162.54

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

256.01

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **100 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

113.70

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Van expensesCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

276.24

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

81.27

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Van expensesCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

357.51

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

113.70

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Van expensesCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

471.21

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

308.67

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **101** / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

81.27

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Van expensesCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

552.48

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

113.70

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Van expensesCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

666.18

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

81.27

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Van expensesCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

747.45

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

276.24

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **102 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	0

Mailing Address  
1 Airport Dr

Amount

113.70

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Van expensesCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

861.15

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	1	0

Mailing Address  
1 Airport Dr

Amount

81.27

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Van expensesCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

942.42

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	1	0

Mailing Address  
1 Airport Dr

Amount

113.70

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Van expensesCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1056.12

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

308.67

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

81.27

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Van expensesCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1137.39

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

113.70

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Van expensesCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1251.09

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

43.96

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Rental carCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1295.05

(a) SUBTOTAL of Itemized Independent Expenditures .....

238.93

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 104 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

81.27

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Van expensesCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1376.32

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

113.70

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Van expensesCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☐ Primary☒ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1490.02

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

53.58

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Rental carCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1543.60

(a) SUBTOTAL of Itemized Independent Expenditures .....

248.55

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)



**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 105 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

90.95

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Rental carCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ 2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1634.55

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

81.27

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Van expensesCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ 2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1715.82

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

113.70

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Van expensesCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ 2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1829.52

(a) SUBTOTAL of Itemized Independent Expenditures .....

285.92

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **106 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

81.27

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Van expensesCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

1910.79

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

113.70

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Van expensesCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

2024.49

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

53.58

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Rental carCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

2078.07

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

248.55

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 107 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

90.95

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Rental carCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

2169.02

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

43.96

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Van expensesCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

2212.98

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

81.27

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Rental carCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

2294.25

(a) SUBTOTAL of Itemized Independent Expenditures .....

216.18

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **108 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

113.70

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Rental carCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

2407.95

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

53.58

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Rental carCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

2461.53

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

43.96

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Rental carCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

2505.49

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

211.24

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **109 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

248.55

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Rental carCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

2754.04

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

248.55

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Rental carCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

3002.59

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

248.55

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Rental carCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

3251.14

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

745.65

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **110** / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

248.55

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Rental calCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

3499.69

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

248.55

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Rental carCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

3748.24

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

81.27

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Rental carCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

3829.51

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

578.37

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 111 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

113.70

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Rental carCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

3943.21

Full Name (Last, First, Middle Initial) of Payee  
Thrifty

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0Mailing Address  
1 Airport Dr

Amount

53.58

City  
Little RockState  
ARZip Code  
72206Purpose of Expenditure  
Rental carCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

3996.79

Full Name (Last, First, Middle Initial) of Payee  
Union Jobs Clearing House

Date

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0Mailing Address  
122 Calistoga Rd

Amount

35.00

City  
Santa RosaState  
CAZip Code  
95409Purpose of Expenditure  
Job adCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

35.00

(a) SUBTOTAL of Itemized Independent Expenditures .....

202.28

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 112 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
United Airlines

Date

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 1 0Mailing Address  
PO Box 66100

Amount

City State Zip Code  
Chicago IL 60666

25.00

Purpose of Expenditure  
Bag feeCategory/  
TypeOffice Sought: ☐ House State: ARSenate ☒ Senate District: \_\_\_\_\_☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought 25.00Disbursement For: ☒ Primary ☐ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Mikel Walls

Date

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0Mailing Address  
4416 E 37th St

Amount

City State Zip Code  
Little Rock AR 72118

123.20

Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: ARSenate ☒ Senate District: \_\_\_\_\_☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought 123.20Disbursement For: ☒ Primary ☐ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Mikel Walls

Date

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 0Mailing Address  
4416 E 37th St

Amount

City State Zip Code  
Little Rock AR 72118

123.20

Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: ARSenate ☒ Senate District: \_\_\_\_\_☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought 246.40Disbursement For: ☒ Primary ☐ General☐ Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....

271.40

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)



**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **113 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Aaron Watkins

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Mailing Address

100 Dennison St. Apt 3

Amount

123.20

City

Little Rock

State

AR

Zip Code

72210

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

123.20

Full Name (Last, First, Middle Initial) of Payee

Aaron Watkins

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	0

Mailing Address

100 Dennison St. Apt 3

Amount

123.20

City

Little Rock

State

AR

Zip Code

72210

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

246.40

Full Name (Last, First, Middle Initial) of Payee

Aaron Watkins

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

Mailing Address

100 Dennison St. Apt 3

Amount

123.20

City

Little Rock

State

AR

Zip Code

72210

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

369.60

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

369.60

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 114 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Aaron Watkins

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	0

Mailing Address

100 Dennison St. Apt 3

Amount

123.20

City

Little Rock

State

AR

Zip Code

72210

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

492.80

Full Name (Last, First, Middle Initial) of Payee

Aaron Watkins

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	0

Mailing Address

100 Dennison St. Apt 3

Amount

123.20

City

Little Rock

State

AR

Zip Code

72210

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

616.00

Full Name (Last, First, Middle Initial) of Payee

Aaron Watkins

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address

100 Dennison St. Apt 3

Amount

123.20

City

Little Rock

State

AR

Zip Code

72210

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

739.20

(a) SUBTOTAL of Itemized Independent Expenditures .....

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 115 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Vanessa Watson

Date

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0Mailing Address  
10304 Woodridge Dr.

Amount

123.20

City  
Little RockState  
ARZip Code  
72209Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

123.20

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Vanessa Watson

Date

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0Mailing Address  
10304 Woodridge Dr.

Amount

123.20

City  
Little RockState  
ARZip Code  
72209Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

246.40

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Vanessa Watson

Date

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 0Mailing Address  
10304 Woodridge Dr.

Amount

123.20

City  
Little RockState  
ARZip Code  
72209Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

369.60

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **116 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
David Wehde

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	1	0

Mailing Address  
3126 Oakland Ave S

Amount

City	State	Zip Code
Minneapolis	MN	55407

45.00
-------

Purpose of Expenditure  
Per diemCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

45.00
-------

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
David Wehde

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	0

Mailing Address  
3126 Oakland Ave S

Amount

City	State	Zip Code
Minneapolis	MN	55407

45.00
-------

Purpose of Expenditure  
Per diemCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

90.00
-------

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
David Wehde

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Mailing Address  
3126 Oakland Ave S

Amount

City	State	Zip Code
Minneapolis	MN	55407

45.00
-------

Purpose of Expenditure  
Per diemCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCalendar Year-To-Date Per Election  
for Office Sought

135.00
--------

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_(a) **SUBTOTAL** of Itemized Independent Expenditures .....

135.00
--------

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 117 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
David Wehde

Date

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 0Mailing Address  
3126 Oakland Ave S

Amount

45.00

City State Zip Code  
Minneapolis MN 55407Purpose of Expenditure  
Per diemCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 180.00Disbursement For: ☒ Primary ☐ General  
2010  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
David Wehde

Date

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0Mailing Address  
3126 Oakland Ave S

Amount

45.00

City State Zip Code  
Minneapolis MN 55407Purpose of Expenditure  
Per diemCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 225.00Disbursement For: ☒ Primary ☐ General  
2010  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
David Welsh

Date

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0Mailing Address  
5121 Old Congo Rd.

Amount

123.20

City State Zip Code  
Benton AR 72019Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 123.20Disbursement For: ☒ Primary ☐ General  
2010  
☐ Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....

213.20

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **118 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
David Welsh

Date

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0Mailing Address  
5121 Old Congo Rd.

Amount

123.20

City State Zip Code  
Benton AR 72019Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 246.40Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
David Welsh

Date

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 1 0Mailing Address  
5121 Old Congo Rd.

Amount

123.20

City State Zip Code  
Benton AR 72019Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 369.60Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
David Welsh

Date

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0Mailing Address  
5121 Old Congo Rd.

Amount

123.20

City State Zip Code  
Benton AR 72019Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 492.80Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_(a) **SUBTOTAL** of Itemized Independent Expenditures .....

369.60

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **119 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Blake Wilson

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Mailing Address

5307 C St

Amount

123.20

City

Little Rock

State

AR

Zip Code

72205

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Calendar Year-To-Date Per Election  
for Office Sought

123.20

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee

Shermeka Winston

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Mailing Address

4608 Princeton Dr

Amount

123.20

City

Little Rock

State

AR

Zip Code

72204

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Calendar Year-To-Date Per Election  
for Office Sought

123.20

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee

Shermeka Winston

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	0

Mailing Address

4608 Princeton Dr

Amount

123.20

City

Little Rock

State

AR

Zip Code

72204

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Calendar Year-To-Date Per Election  
for Office Sought

246.40

Disbursement For:  
2010☒ Primary☐ General☐ Other (specify) \_\_\_\_\_(a) **SUBTOTAL** of Itemized Independent Expenditures .....

369.60

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 120 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Shermeka Winston

Date

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0Mailing Address  
4608 Princeton Dr

Amount

123.20

City State Zip Code  
Little Rock AR 72204Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 369.60Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Shermeka Winston

Date

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 0Mailing Address  
4608 Princeton Dr

Amount

123.20

City State Zip Code  
Little Rock AR 72204Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 492.80Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
John Woodard

Date

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0Mailing Address  
21 Remington Dr

Amount

123.20

City State Zip Code  
Little Rock AR 72221Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 123.20Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)



**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 121 / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
John Woodard

Date

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 0Mailing Address  
21 Remington Dr

Amount

123.20

City State Zip Code  
Little Rock AR 72221Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 246.40Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
John Woodard

Date

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 1 0Mailing Address  
21 Remington Dr

Amount

123.20

City State Zip Code  
Little Rock AR 72221Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 369.60Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Yellow Cab

Date

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 1 0Mailing Address  
7510 Jamison Rd

Amount

37.00

City State Zip Code  
Little Rock AR 72209Purpose of Expenditure  
Cab fareCategory/  
TypeOffice Sought: ☐ House State: AR  
☒ Senate  
☐ President District: \_\_\_\_\_Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 37.00Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....

283.40

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **122** / 123

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Yellow Cab

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	1	0

Mailing Address  
7510 Jamison Rd

Amount

City	State	Zip Code
Little Rock	AR	72209

18.75
-------

Purpose of Expenditure  
Cab fareCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_

Calendar Year-To-Date Per Election for Office Sought	55.75
---	-------

Full Name (Last, First, Middle Initial) of Payee  
Yellow Cab

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Mailing Address  
7510 Jamison Rd

Amount

City	State	Zip Code
Little Rock	AR	72209

37.00
-------

Purpose of Expenditure  
Travel expenseCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_

Calendar Year-To-Date Per Election for Office Sought	92.75
---	-------

Full Name (Last, First, Middle Initial) of Payee  
Yellow Cab

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Mailing Address  
7510 Jamison Rd

Amount

City	State	Zip Code
Little Rock	AR	72209

18.75
-------

Purpose of Expenditure  
Travel expCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) \_\_\_\_\_

Calendar Year-To-Date Per Election for Office Sought	111.50
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(a) **SUBTOTAL** of Itemized Independent Expenditures .....

74.50
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(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **123 / 123**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Yellow Cab

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

Mailing Address  
7510 Jamison Rd

Amount

City	State	Zip Code
Little Rock	AR	72209

Amount
38.32

Purpose of Expenditure  
Cab fareCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒

Primary

☐

General

☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

149.82
--------

Full Name (Last, First, Middle Initial) of Payee  
Yellow Cab

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	0

Mailing Address  
7510 Jamison Rd

Amount

City	State	Zip Code
Little Rock	AR	72209

Amount
23.25

Purpose of Expenditure  
Cab fareCategory/  
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
Bill HalterDisbursement For:  
2010☒

Primary

☐

General

☐ Other (specify) \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

173.07
--------

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

61.57
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(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

45683.20
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